

**METROPOLITAN DADE COUNTY
EMPLOYMENT RESIGNATION FORM**

Last Name	First Name	Initial	Occupational Title			
Department		Division			Section	
Social Security Number	Status	Dept.	Div.	Loc.	Occ. Code	

(TO BE TYPED BY PERSONNEL CLERK)

I hereby tender my resignation from employment with Dade County government effective on the date entered below. I DO (), DO NOT (), wish to withdraw any contributions to the retirement system which I am entitled to receive. My reason for resigning is stated below:

Effective Date of this Resignation

Signature

Date

Resignation Received By:

I.D. Card Returned Yes () No ()

Name

County Equipment Returned Yes () No ()

Title

If Yes, list below:

Date
